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NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

UNITED STATES OF AMERICA,)	NO. 3:24-cr-00082 CRB
Plaintiff,)	
v.)	<u>VIOLATIONS</u> ; 18 U.S.C. § 371 – Conspiracy; 18
)	U.S.C. §§ 981, 982, 21 U.S.C. § 853, 26 U.S.C. §
KATRINA PRATCHER,)	2461 – Criminal Forfeiture
Defendant.)	SAN FRANCISCO VENUE

INFORMATION

The Attorney for the United States charges:

GENERAL ALLEGATIONS

At all times relevant to this Information, unless otherwise specified:

The Medicare and Medicaid Programs

1. The Medicare Program (“Medicare”) was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States Department of Health and Human Services (“HHS”), through its agency, the Centers for Medicare and

1 Medicaid Services (“CMS”), oversaw and administered Medicare.

2 2. The Medicaid Program (“Medicaid”) was a federal and state funded health insurance
3 program designed to provide medical assistance to persons whose income and resources were
4 insufficient to meet the costs of necessary care and services.

5 3. Medicare and Medicaid were each a “health care benefit program,” as defined by Title
6 18, United States Code, Section 24(b), and a “Federal health care program,” as defined by Title 42,
7 United States Code, Section 1320a-7b(f).

8 4. Individuals who qualified for Medicare benefits were commonly referred to as
9 “beneficiaries.” Individuals who qualified for Medicaid benefits were commonly referred to as
10 “recipients” (hereafter, “beneficiaries” and “recipients” will be collectively referred to as
11 “beneficiaries”). Each Medicare beneficiary was given a unique Medicare identification number.

12 5. Medicare covered different types of benefits, which were separated into different
13 program “parts.” Medicare Part B covered, among other things, items and services supplied and
14 provided by physicians, nurse practitioners, and other qualified health care providers, including office
15 visits, that were medically necessary and ordered by licensed medical doctors or other qualified health
16 care providers. Medicare Part D covered prescription drugs.

17 6. Health care benefit programs typically required providers to enroll in the programs in
18 order to submit claims for items and services. Specifically, as part of the Medicare and Medicaid
19 enrollment processes, providers, including nurse practitioners, submitted enrollment applications. Once
20 applications were approved, providers received a provider number. Providers that received a provider
21 number were able to file claims to obtain reimbursement for benefits, items, and services provided to
22 beneficiaries.

23 7. Medicare and Medicaid paid for items and services only if they were medically
24 reasonable and necessary, eligible for reimbursement, and provided as represented. Medicare and
25 Medicaid did not pay for items and services that were procured through the payment of illegal kickbacks
26 and bribes.

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1 Medicare and Medicaid Prescription Drug Plans

2 8. To receive Part D benefits, a beneficiary enrolled in a Medicare drug plan. Medicare
3 drug plans were operated by private health care insurance companies approved by Medicare and referred
4 to as drug plan “sponsors.” A beneficiary in a Medicare drug plan could fill a prescription at a
5 pharmacy and use his or her plan to pay for some or all of the prescription.

6 9. Medicare’s drug plans were administered by pharmacy benefit managers (“PBMs”),
7 which adjudicated and processed payment for prescription drug claims submitted by eligible
8 pharmacies. PBMs also audited participating pharmacies to ensure compliance with their rules and
9 regulations.

10 10. A pharmacy could participate in Medicare Part D by entering into a provider agreement
11 with a Part D drug plan or with a PBM. Pharmacies entered into contractual agreements with PBMs
12 either directly or indirectly. If indirectly, providers first contracted with pharmacy network groups,
13 which then contracted with PBMs on behalf of providers. By contracting with drug plans or PBMs,
14 directly or indirectly, pharmacies agreed to comply with all applicable laws, rules, and regulations,
15 including all applicable federal and state laws.

16 11. Medicaid also provided coverage to its recipients for prescription drugs. Medicaid
17 beneficiaries could obtain their prescription drug benefits from pharmacies either through “fee-for-
18 service” enrollment or through “Medicaid Managed Care Plans,” which were administered by private
19 insurance companies that were paid by Medicaid. A beneficiary in a Medicaid drug plan could fill a
20 prescription at a pharmacy and use his or her plan to pay for some or all of the prescription.

21 12. Upon receiving prescriptions, pharmacies submitted claims for reimbursement to
22 Medicare, PBMs, or Medicaid for the prescription drugs dispensed to beneficiaries. Medicare, PBMs,
23 and Medicaid reimbursed pharmacies at specified rates, minus any copayments to be paid by
24 beneficiaries.

25 13. Pharmacies were permitted to submit claims for reimbursement to Medicare and
26 Medicaid only for prescription drugs that were dispensed upon a valid prescription, medically necessary,
27 and eligible for reimbursement.

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14. Medicare and Medicaid drug plans were each a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), and a “Federal health care program,” as defined by Title 42, United States Code, Section 1320a-7b(f).

The Controlled Substances Act

15. The Controlled Substances Act (“CSA”), Title 21, United States Code, Section 801 *et seq.*, and its implementing regulations governed the manufacture, distribution, and dispensation of controlled substances in the United States. With limited exceptions for medical professionals, the CSA made it unlawful for any person to knowingly or intentionally manufacture, distribute, or dispense a controlled substance or conspire to do so.

16. The CSA and its implementing regulations set forth which drugs and other substances were defined by law as “controlled substances,” and assigned those controlled substances to one of five schedules (Schedule I, II, III, IV, or V) depending on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

17. A controlled substance assigned to Schedule II had a high potential for abuse, was highly addictive, and had a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions. Abuse of a Schedule II controlled substance could have led to severe psychological and/or physical dependence.

18. Pursuant to the CSA and its implementing regulations, Amphetamine-Dextroamphetamine was classified as a Schedule II controlled substance. Amphetamine-Dextroamphetamine was sold generically and under a variety of brand names, including Adderall. Other stimulants, including lisdexamfetamine (sometimes sold under the brand name Vyvanse) and methylphenidate (sometimes sold under the brand name Ritalin), also were classified as Schedule II controlled substances.

19. Medical practitioners, such as nurse practitioners and physicians, who were authorized to prescribe controlled substances by the jurisdiction in which they were licensed to practice medicine, were authorized under the CSA to prescribe, or otherwise distribute, controlled substances, if they were registered with the Attorney General of the United States. 21 U.S.C. § 822(b); 21 C.F.R. § 1306.03. Medical practitioners were required to register with the Drug Enforcement Administration (“DEA”) in

1 order to prescribe controlled substances. Upon application by the practitioner, the DEA assigned a
2 unique registration number to each qualifying medical practitioner. The DEA was responsible for
3 enforcement of controlled substance laws in the United States.

4 20. The CSA required all practitioners to be registered in the state in which the patients to
5 which they were prescribing controlled substances were located, regardless of whether the prescribing
6 was taking place via telemedicine. The CSA provided that every person who dispensed, or who
7 proposed to dispense, any controlled substance shall obtain from DEA a registration issued in
8 accordance with DEA rules and regulations. 21 U.S.C. § 822(a)(2). Under the CSA, such dispensing
9 included prescribing and administering controlled substances. § 802(10). DEA was permitted to only
10 register a person to dispense a controlled substance if that person was permitted to do so by the
11 jurisdiction in which his or her patients were located. § 802(21), 823(f). Thus, unless an applicable
12 exception applied, DEA regulations required a practitioner to obtain a separate DEA registration in each
13 state in which a patient to whom he or she prescribed a controlled substance was located when the
14 prescription was made, regardless of whether the prescription was made via telemedicine.

15 21. Title 21 of the Code of Federal Regulations, Section 1306.04, which governed the
16 issuance of prescriptions for controlled substances, provided that a prescription for a controlled
17 substance must be issued for a legitimate medical purpose by an individual practitioner acting in the
18 usual course of their professional practice. It provided that, to be effective, a prescription for a
19 controlled substance:

20 must be issued for a legitimate medical purpose by an individual practitioner
21 acting in the usual course of his professional practice. The responsibility
22 for the proper prescribing and dispensing of controlled substances is on the
23 prescribing practitioner, but a corresponding responsibility rests with the
24 pharmacist who fills the prescription. An order purporting to be a
25 prescription issued not in the usual course of professional treatment or in
26 legitimate and authorized research is not a prescription within the meaning
and intent of section 309 of the Act (21 U.S.C. 829) and the person
knowingly filling such a purported prescription, as well as the person
issuing it, shall be subject to the penalties provided for violations of the
provisions of law relating to controlled substances.

27 22. Pharmacists were required to exercise sound professional judgment, and to adhere to
28 professional standards, when making a determination about the legitimacy of a controlled substance

1 prescription. 21 CFR § 1306.04(a) and 1306.06. Such a determination was made before the prescription
2 was dispensed. The law did not require a pharmacist to dispense a prescription of doubtful,
3 questionable, or suspicious medical legitimacy. To the contrary, the pharmacist who deliberately
4 ignored the high probability that a prescription was not issued for a legitimate medical purpose and filled
5 the prescription, was subject to prosecution along with the issuing practitioner and others responsible,
6 for knowingly and intentionally distributing controlled substances. Unlawful dispensing of controlled
7 substances by a pharmacist also was subject to criminal actions against the pharmacy or pharmacist, and
8 to civil enforcement actions against the pharmacy or pharmacist for money penalties or injunctions. 21
9 U.S.C. § 842 and 843. Moreover, DEA possessed the authority to revoke a pharmacy's registration
10 based on a finding that its pharmacists had violated the corresponding responsibility rule.

11 23. Pursuant to their corresponding responsibility, there were pharmacies that adopted
12 policies to ensure that controlled substance prescriptions were issued for a legitimate medical purpose in
13 the usual course of professional practice, and that pharmacists were acting in the usual course of
14 professional practice in filling such prescriptions. 21 CFR § 1306.04(a) and 1306.06. In order to
15 exercise their corresponding responsibility, there were pharmacists who reviewed relevant information
16 about the prescription, including documentation and evidence provided by the practitioner or others
17 regarding whether the prescription was issued for a legitimate medical purpose in the usual course of
18 professional practice. There were pharmacies that in the ordinary course relied on information
19 transmitted by the practitioner.

20 The Ryan-Haight Act

21 24. The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 was enacted to
22 stem the increase in the use of controlled substances purchased on the internet. The Act mandated, with
23 limited exceptions, that the dispensing of a controlled substances by means of the internet be predicated
24 on a valid prescription issued by a practitioner who has conducted at least one in-person medical
25 evaluation of the patient. The Act was codified in Title 21 of the United States Code.

26 25. Title 21, United States Code, Section 841(h) provided that it was unlawful to “knowingly
27 or intentionally— write[] a prescription for a controlled substance for the purpose of delivery,
28 distribution, or dispensation by means of the Internet in violation of [Title 21, United States Code,]

1 [S]ection 829(e)”

2 26. Title 21, United States Code, Section 829(e)(1) provided that, “[n]o controlled substance
3 that is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act may be
4 delivered, distributed, or dispensed by means of the Internet without a valid prescription.”

5 27. Title 21, United States Code, Section 829(e)(2)(A) provided that in order for a
6 prescription to be valid it had to be “be issued for a legitimate medical purpose in the usual course of
7 practice by— (i) a practitioner who has conducted at least 1 in-person medical evaluation of the patient;
8 or (ii) a covering practitioner.”

9 28. Title 21, United States Code, Section 829(e)(2)(B)(i) provided that an “in-person medical
10 evaluation” was “a medical evaluation that is conducted with the patient in the physical presence of the
11 practitioner, without regard to whether portions of the evaluation are conducted by other health
12 professionals.”

13 29. Title 21, United States Code, Sections 829(e)(3) and 802(54) provided that the
14 requirement of conducting at least one in-person medical evaluation did not apply in certain
15 circumstances involving “the practice of telemedicine” where the Secretary of [HHS] has declared “a
16 public health emergency” and it “involve[d] patients located in such areas, and such controlled
17 substances, as the Secretary, with the concurrence of the Attorney General, designate[d].” 21 U.S.C. §
18 802(54)(D).

19 30. Title 21, United States Code, Section 802(54) provided that “[t]he term ‘practice of
20 telemedicine’ means, for purposes of this subchapter, the practice of medicine in accordance with
21 applicable Federal and State laws by a practitioner (other than a pharmacist) who is at a location remote
22 from the patient and is communicating with the patient, or health care professional who is treating the
23 patient, using a telecommunications system referred to in [S]ection 1395m(m) of [T]itle 42”

24 31. Title 42, United States Code, Section 1395m(m)(1) and implementing regulations,
25 including Title 42, Code of Federal Regulations, Section 410.78, provided that “interactive
26 telecommunications system means ... multimedia communications equipment that includes, at a
27 minimum, audio and video equipment permitting two-way, real-time interactive communication
28 between the patient and distant site physician or practitioner,” and that “the term ‘telecommunications

1 system' include[d] store-and-forward technologies that provide for asynchronous transmission of health
2 care information" only in "telemedicine demonstration program conducted in Alaska and Hawaii."

3 32. On or about January 31, 2020, the Secretary of HHS declared a national public
4 emergency under Title 42, United States Code, Section 247d as a result of the spread of the novel
5 coronavirus COVID-19 within the United States.

6 33. In response to the COVID-19 Public Health Emergency as declared by the Secretary,
7 pursuant to the authority under Section 319 of the Public Health Service Act (42 U.S.C. § 247), the DEA
8 granted temporary exceptions to the Ryan Haight Act and DEA's implementing regulations under Title
9 21, United States Code, Section 802(54)(D), thereby allowing the prescribing of controlled medications
10 via telemedicine encounters—even when the prescribing practitioner had not conducted an in-person
11 medical evaluation of the patient—in certain circumstances in order to prevent lapses in care.

12 34. These emergency flexibilities involving telemedicine allowed, during the pendency of the
13 COVID-19 Public Health Emergency, the prescribing of controlled substances without first conducting
14 an in-person examination only if all of the following conditions were met: the prescription was issued
15 for a legitimate medical purpose by a practitioner acting in the usual course of professional practice;
16 telemedicine communication was conducted using an audio-visual, real-time, two-way interactive
17 communication system; and the practitioner was acting in accordance with applicable federal and state
18 laws. The principal purpose of these policies was to limit the spread of COVID-19 by enabling patient
19 access to medically necessary controlled substances through telemedicine, without otherwise altering the
20 existing legal prohibitions on writing prescriptions that contravene federal or state laws.

21 **The Defendant**

22 35. Defendant Katrina Pratcher was a nurse practitioner who maintained a DEA registration
23 number and was authorized to prescribe controlled substances in the State of California.

24 36. Pratcher was, from in or around May 2021 to in or around July 2022, an independent
25 contractor for Done Health P.C. (together with its affiliated company, Done Global, Inc. ("Done")).

26 37. Done was a self-proclaimed "digital health company" that operated on a subscription-
27 based model where individuals ("Done members") paid a monthly fee to Done. Done advertised that it
28 provided online diagnosis, treatment, and refills of medication for attention deficit hyperactivity disorder

1 (“ADHD”). Done’s principal place of business was within the Northern District of California.

2 COUNT ONE: (18 U.S.C. § 371 – Conspiracy)

3 38. All previous paragraphs of this Information are realleged and incorporated by reference
4 as though fully set forth herein.

5 39. From in or around May 2021, and continuing through in or around July 2022, in San
6 Francisco, in the Northern District of California, and elsewhere, the defendant,

7 KATRINA PRATCHER,

8 knowingly and intentionally conspired and agreed with Done and others, known and unknown to the
9 Attorney for the United States, to:

10 a) defraud the United States by impairing, impeding, obstructing, and defeating through
11 deceit, craft, trickery, and dishonest means, the lawful government functions of CMS and HHS,
12 an agency and a department of the United States; and

13 b) violate Title 21, United States Code, Sections 841(a)(1) and (b)(1)(C) by knowingly and
14 intentionally distributing and dispensing, not for a legitimate medical purpose in the usual course
15 of professional practice, mixtures and substances containing detectable amounts of a Schedule II
16 controlled substance, namely Amphetamine-Dextroamphetamine.

17 **Purpose of the Conspiracy**

18 40. It was the purpose of the conspiracy for Pratcher, Done, and others to unlawfully enrich
19 themselves by: (a) issuing prescriptions to Done members for Adderall that were not for a legitimate
20 medical purpose in the usual course of professional practice; (b) enabling Done members to obtain
21 Adderall and other stimulants from pharmacies by, among others, providing prescriptions, transmitting
22 health care insurance information to pharmacies, and causing pharmacies to submit false and fraudulent
23 claims for reimbursement to health care insurance plans; (c) concealing and disguising the unlawful
24 prescription of Adderall, the submission of false and fraudulent claims to Medicare and Medicaid, and
25 the receipt and transfer of the proceeds of the conspiracy; and (d) diverting proceeds of the conspiracy
26 for their personal use and benefit, for the use and benefit of others, and to further the fraud.

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Manner and Means of the Conspiracy

41. The dishonest and deceitful manner and means by which Pratcher, Done, and others sought to accomplish the purpose and object of the conspiracy included, among other things, the following:

42. Pratcher submitted and caused the submission of enrollment documents to Medicare and Medicaid, in which she certified that she would comply with all Medicare and Medicaid rules and regulations and program instructions, and would not knowingly cause to be presented a false and fraudulent claim for payment by Medicare and Medicaid. Despite this certification, Pratcher caused to be presented false and fraudulent claims for payment by Medicare and Medicaid as described below.

43. Done acquired thousands of members by advertising that members could obtain easy access to prescriptions for Adderall and other stimulants in exchange for payment of a monthly subscription fee to Done.

44. Pratcher and others agreed with Done to work as independent contractors for Done and were paid to diagnose Done members with ADHD and issue prescriptions for Adderall and other stimulants regardless of whether the prescriptions were for a legitimate medical purpose in the usual course of professional practice, in order to increase subscription revenue for Done and its co-conspirators.

45. Owners and operators of Done paid and caused payments to be made to Pratcher to sign prescriptions and cause pharmacies to dispense prescriptions that were for not for a legitimate medical purpose in the usual course of professional practice, medically unnecessary, and ineligible for reimbursement from Medicare and Medicaid.

46. Pratcher and others were provided access by Done to Medicare and Medicaid beneficiary information and other confidential patient information for thousands of Done members in order for Pratcher and others to write prescriptions for Adderall and other stimulants.

47. In the course and scope of her work for Done, and for the benefit of herself and Done, Pratcher and others ordered Adderall and other stimulants for Done members, including Medicare and Medicaid beneficiaries, with whom she lacked a pre-existing practitioner-patient relationship, without an examination, and sometimes based solely on a short video or audio communication and limited patient

1 intake documents, or without any video or audio communication at all. Pratcher and others agreed with
2 Done and others to provide few, if any, medical treatment options besides prescribing Adderall and
3 other stimulants.

4 48. In the course and scope of her work for Done, and for the benefit of herself and Done,
5 Pratcher and others signed orders for Adderall and other stimulants for Done members, including
6 Medicare and Medicaid beneficiaries, regardless of whether the Done member (a) met the Diagnostic
7 and Statistical Manual of Mental Disorders (DSM)-V criteria for diagnosing ADHD; (b) posed a risk of
8 diversion; and/or (c) was provided dosages, directions, combinations, or quantities of medications
9 beyond those normally prescribed.

10 49. Pratcher agreed with Done and others that, after an initial consultation with a Done
11 member, Pratcher would be paid solely based on “patient load” (the number of patients to whom
12 Pratcher wrote prescriptions each month) and would not be paid for any patient consultation, time, or
13 medical services that she provided to Done members.

14 50. After an initial consultation with a Done member, Pratcher and others signed additional
15 monthly prescriptions for Schedule II controlled substances, including Adderall and other stimulants,
16 that were not for a legitimate medical purpose in the usual course of professional practice for Done
17 members, including Medicare and Medicaid beneficiaries (a) without an in-person examination and
18 without seeing, speaking to, and/or otherwise engaging in audio or video communication with Done
19 members; and (b) without determining the Done members’ medical need for the prescriptions. In some
20 instances, Done paid Pratcher and others to write prescriptions for Done members whom Pratcher had
21 never seen or had any prior telemedicine consultation with, including for Done members in states where
22 Pratcher was not licensed to write controlled substance prescriptions under state and federal law.

23 51. Neither Pratcher nor Done billed Medicare and Medicaid or other insurance payors for
24 telemedicine consultations with Done members. Instead, Done solicited monthly subscription fees from
25 Done members in exchange for prescriptions that were signed by Pratcher and others, and dispensed at
26 pharmacies. Done created a platform whereby Done members paid the monthly subscription fee in
27 exchange for easy access to prescriptions for Adderall and other stimulants.

28 52. In order to cause pharmacies to dispense Adderall and other stimulants that were not for a

1 legitimate medical purpose in the usual course of professional practice for Done members, and obstruct,
2 interfere with, and deprive pharmacies of their ability to exercise their corresponding responsibility to
3 ensure that dispensed medications were only for a legitimate medial purpose in the usual course of
4 professional practice, Pratcher, Done, and others, among other things, (a) collected insurance
5 information from Done members; (b) transmitted Done members' insurance information to pharmacies
6 for the purpose of causing the pharmacies to bill the Done members' insurance for dispensing Adderall
7 and other stimulants; (c) made or caused to be made false and fraudulent representations to pharmacies
8 in order to cause them to dispense Adderall and other stimulants to Done members; and (d) submitted
9 and caused the submission of false and fraudulent documents to Medicare and Medicaid and other
10 insurance payors, in order to induce them to pay for the Adderall and other stimulants that pharmacies
11 dispensed to Done members.

12 53. Prescriptions issued by Pratcher for Done were transmitted to pharmacies to dispense
13 Adderall and other stimulants. The pharmacies submitted and caused the submission of false and
14 fraudulent claims to Medicare and Medicaid based on the prescriptions signed by Pratcher. Medicare
15 and Medicaid paid these false and fraudulent claims, resulting in the pharmacies dispensing Adderall
16 and other stimulants to Done members.

17 54. Pratcher and others falsified, fabricated, altered, and caused the falsification, fabrication,
18 and alteration of patient files, prescriptions, pre-authorizations, and other records, all to support
19 prescriptions that were not for a legitimate medical purpose in the usual course of professional practice,
20 and the submission of claims to Medicare and Medicaid that were medically unnecessary, ineligible for
21 reimbursement, and not provided as represented.

22 55. Pratcher and others concealed and disguised the conspiracy by preparing and causing to
23 be prepared false and fraudulent documentation and submitting and causing the submission of false and
24 fraudulent documents, that falsely made it appear that the prescriptions written by Pratcher for Done
25 members were for a legitimate medical purpose in the usual course of professional practice.

26 56. Pratcher and others caused the submission of false and fraudulent claims to Medicare and
27 Medicaid for prescriptions that were medically unnecessary, ineligible for Medicare and Medicaid
28 reimbursement, and not provided as represented.

Overt Acts

57. In furtherance of the conspiracy, and to accomplish its objects and purpose, at least one of the co-conspirators committed and caused to be committed, in the Northern District of California and elsewhere, at least one of the following overt acts, among others:

58. On or about May 3, 2021, Pratcher signed an independent contractor agreement with Done, which was signed on Done's behalf by an executive of Done.

59. On or about August 10, 2021, Pratcher wrote two prescriptions for Adderall for Patient No. 1, who paid monthly subscription fees to Done.

60. On or about August 10, 2021, Pratcher, Done, and others caused the transmission of the Adderall prescriptions for Patient No. 1 to Pharmacy No. 1.

61. On or about August 10, 2021, Pratcher caused the submission of two false and fraudulent claims by Pharmacy No. 1 to California Medicaid, in the approximate amounts of \$64.96 and \$225.44, for the two prescriptions written by Pratcher for Patient No. 1. California Medicaid paid these claims and Adderall was dispensed to Patient No. 1.

All in violation of Title 18, United States Code, Section 371.

FORFEITURE ALLEGATION: (18 U.S.C. §§ 981, 982; 21 U.S.C. § 853; 26 U.S.C. § 2461)

62. The allegations contained in this Information are re-alleged and incorporated by reference for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Sections 981(a)(1)(C) and 982(a)(7); Title 21, United States Code, Section 853; and Title 26, United States Code, Section 2461(c).

63. Upon conviction for the offense set forth in this Information, the defendant,

KATRINA PRATCHER,

shall forfeit to the United States of America any property, real or personal, that constitutes, or is derived, directly or indirectly, from the gross proceeds traceable to the commission of the offense, including, but not limited to, the sum of \$66,817.

64. If any of the property subject to forfeiture, as a result of any act or omission of the defendant:

(a) cannot be located upon the exercise of due diligence;

- (b) has been transferred or sold to, or deposited with, a third party;
- (c) has been placed beyond the jurisdiction of the Court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States, pursuant to Title 18, United States Code, Section 982(b), incorporating Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of the defendant up to the value of the property subject to forfeiture.

All pursuant to Title 18, United States Code, Sections 981(a)(1)(C) and 982(a)(7); Title 21, United States Code, Section 853; Title 26, United States Code, Section 2461(c), and Federal Rule of Criminal Procedure 32.2.

DATED: February 6, 2024

MATTHEW M. YELOVICH
Attorney for the United States
Acting Under Authority Conferred by 28 U.S.C. § 515



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